

Indicators of Infants at Risk of Late Onset or Progressive Hearing Loss

An infant with any of these risk factors for hearing loss and who has passed the birth screen should have audiological monitoring every 6 months until age 3 years. From Joint Committee on Infant Hearing 2000 position statement on the Web at:

<http://www.infanthearing.org/jcih/surveillance.html>

JCIH risk indicators birth through age 28 days

- a. An illness or condition requiring admission of 48 hours or greater to a NICU
- b. Stigmata or other findings associated with a syndrome known to include a sensorineural and or conductive hearing loss
- c. Family history of permanent childhood sensorineural hearing loss
- d. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
- e. In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella.

JCIH risk indicators 29 days through 2 years

- a. Parental or caregiver concern regarding hearing, speech, language, and or developmental delay.
- b. Family history of permanent childhood hearing loss.
- c. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.
- d. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
- e. In-utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
- f. Neonatal indicators—specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).
- g. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.
- h. Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.
- i. Head trauma.
- j. Recurrent or persistent otitis media with effusion for at least 3 months.

During the well baby visits in the medical home, all late-onset indicators should be determined and monitored for normal communication development during their routine medical care. The Joint Committee on Infant Hearing (JCIH) recommends ongoing audiologic and medical monitoring of infants with unilateral, mild or chronic conductive hearing loss. These infants may have speech, language and communication delays. Infants with unilateral loss are at risk for bilateral hearing loss. Fluctuating conductive hearing loss may occur with recurrent or persistent otitis media with effusion.